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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Papua New Guinea

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1997 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Papua New Guinea which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $4,250,000 from general resources, subject to the availability of funds, and $4,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 2002.

* E/ICEF/1997/20.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

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BASIC DATA
(1995 unless otherwise indicated)

Child population (millions, under 18 years)	2.0
U5MR (per 1,000 live births)	112
IMR (per 1,000 births)	79
Underweight (%, moderate and severe) (1984)	35
Maternal mortality rate (per 100,000 live births) (1990)	930
Literacy (%, male/female)	81/63
Primary school enrolment (% net, male/female) (1989)	79/67
Primary school children reaching grade 5 (%) (1994)	71
Access to safe water (%) (1992)	28
Access to health services (%)	72
GNP per capita	$1,160
One-year-olds fully immunized against:	
tuberculosis:	78 per cent
diphtheria/pertussis/tetanus:	50 per cent
measles:	63 per cent
poliomyelitis:	55 per cent
Pregnant women immunized against:	
tetanus:	31 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Papua New Guinea is a unique and complex combination of small-scale societies dispersed throughout a large area of difficult mountainous terrain and ocean. Eighty-five per cent of the population live in rural areas and speak over 700 languages, thereby posing challenges of communication and access to basic services, particularly in remote areas.

2. The country adopted a decentralized political and administrative structure soon after independence in 1975. Since the recent reforms, which created new district-level administrative units and local government councils, most internal administrative and government functions are the responsibility of the provinces and districts. All levels of Government face management difficulties and serious shortages of trained manpower, but these shortages are most acute at the provincial and new district levels where implementation is supposed to occur.

3. Papua New Guinea has ratified the Convention on the Rights of the Child, and successive Governments have expressed continued public support for its stipulations. The National Health Plan has adapted the World Summit goals for children to the country situation in an ambitious but realistic manner. This has helped to raise hopes for achieving goals related to immunization coverage, polio, measles, and vitamin A and iodine deficiency disorders by the year 2000.

4. Women generally have low status. The fertility rate is high, as is the dependency ratio, and the average woman can expect to give birth to six children during her reproductive life. Pregnancy is one of the country's major health risks, threatening the survival of both mother and infant, and complications of pregnancy are the major causes of death for women. The maternal mortality ratio is estimated to be 930 deaths per 100,000 live births (1990). Maternal malnutrition is a significant problem, with over 25 per cent of babies born with low birth weight.

5. Survival indicators appear to have worsened in recent years. The major causes of child death continue to be acute respiratory infections, malaria, meningitis and diarrhoea. Immunization coverage, which had declined over the past few years to below 40 per cent in some provinces, has begun to show increases in recent years. In a 1982 national survey, 34 per cent of children under five years old were found to be malnourished, a figure unchanged in recent surveys.

6. Sexually transmitted diseases, and HIV/AIDS in particular, have shown steady increases in recent years. It is estimated that by the end of 1996, there were 4,500 adults infected with HIV, which gives Papua New Guinea the highest prevalence in the Pacific.

7. The care and development of preschool children are still largely traditional in nature, relying on the extended family and community. It is not clear how adequately their health, nutrition and other development needs are met. However, the community-based vernacular Tok Ples schools perform some preschool functions as they prepare children for entry into the elementary and primary schools. Tok Ples schools are now being incorporated into the national system.

8. Enrolment rates for girls and boys are about the same for primary school, but the percentage of girls in the school population begins to drop thereafter. As the rights of girls are closely linked to implementation of the Convention on the Elimination of all Forms of Discrimination against Women as well as the Convention of the Rights of the Child, sensitization of the public to the overarching principles of the two Conventions will become an increasingly important priority for UNICEF cooperation.

PROGRAMME COOPERATION, 1993-1997

9. The Papua New Guinea-UNICEF programme of cooperation for 1993-1997 aimed to reduce infant, child and maternal mortality; improve the nutritional status of children and women; and achieve universal primary education. The programme components consisted of health, education, planning, women in development, social mobilization and area-based projects in two provinces. The approved funding was $5,260,000 in general resources and $5,000,000 in supplementary funds. As of the end of 1996, general resources available to the programme are $4,144,662, with an expenditure of $3,090,093 (or 74 per cent). Supplementary funds expenditure is $3,500,000, or 94 per cent of the amount raised of $3,800,000. By the end of 1997, general resources expenditure is expected to be fully spent.

10. The strategy included capacity-building of national and provincial institutions to bring about more convergent and integrated service delivery. Gender sensitivity, as well as activities to improve the status of women through the reduction of disparities and special attention to the needs of adolescent girls, were emphasized in all programmes. Provision was made for strengthening non-governmental and women's organizations at national and provincial levels.

11. With the provision of $3,780,000 from the Government of Australia, efforts were accelerated for supporting the child survival programme, which focused on service delivery through the resumption of provincial immunization patrols and the training of health staff.

12. Extensive advocacy and mobilization efforts were made at the national level around themes related to the Convention, the deteriorating situation of children and women, and the child survival programme and its related

immunization activities. These efforts led to the creation of a wide network of partners for children established as the Inter-sectoral Social Mobilization Group (ISMG). Comprised of staff from local non-governmental organizations (NGOs) and health, education and home affairs departments, ISMG has played a key role in promoting national immunization days and child rights. As a result of these efforts, public awareness of UNICEF and its objectives has increased, as has national and political recognition of child rights.

Lessons learned

13. A mid-term review (MTR) completed in late 1995 analysed achievements and implementation constraints. Shortages of qualified personnel have been common at all levels of Government; existing capacity was often not functioning because of a lack of government financial resources and frequent changes of Government and policy, usually followed by changes of civil service staff. Although reductions in social sector spending had contributed to falling immunization rates, through the revival of the health patrols for immunization, the rates began to recover, albeit with varied success from province to province.

14. There were a number of positive lessons learned. Community resources were shown to be greater than anticipated, particularly those organized through churches. Programme activities at the district and community levels were more effective in addressing local needs. A notable success was the training of village birth attendants through an area-based project with an outposted United Nations Volunteer in Milne Bay province. The project demonstrated that local leadership and women's groups could be mobilized to educate mothers and improve referrals to health clinics.

15. New government policies and ongoing decentralization reforms have shown that national capacity-building alone is not adequate and that planning and monitoring capacities at provincial and district levels, as well as service delivery capacity at the community level, need to be developed in diverse cultural settings. The traditional roles of churches and women's groups and the ability of communities to participate and contribute to their own well-being need to be enhanced.

16. While the value of goal-oriented programmes for children has been recognized in Papua New Guinea, experience has shown the need to adapt goals to the unique needs and conditions in the country and for UNICEF-assisted programmes to focus on a limited set of well-defined priorities. As a result, UNICEF will complement national maternal and child health (MCH) and education services through support for social mobilization and capacity-building activities, particularly at the local government level.

RECOMMENDED PROGRAMME COOPERATION, 1998-2002

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	2000	2001	2002	Total
General resources						
Social mobilization a/	291	291	291	291	291	1 455
Capacity development b/	534	534	534	534	534	2 670
Cross-sectoral costs	25	25	25	25	25	125
Subtotal	850	850	850	850	850	4 250

	1998	1999	2000	2001	2002	Total
Supplementary funding						
Capacity development b/	800	800	800	800	800	4 000
Subtotal	800	800	800	800	800	4 000
Total	1 650	1 650	1 650	1 650	1 650	8 250

a/ Refers to the communications, advocacy and social mobilization programme.

b/ Refers to the local capacity development for child survival and development programme.

Country programme preparation process

17. Both positive and negative lessons learned that emerged from implementation of the country programme were taken into consideration in developing strategies for the new programme cycle. The MTR in late 1995 and the strategy meeting in August 1996 were attended by senior government officials from the Planning Office and the Departments of Health, Education, Home Affairs and Local Government. Major donors, including Australia, Japan, New Zealand, the European Union and resident United Nations agencies, also attended the MTR and made contributions to the strategy meeting. The programme development process has involved the participation of Government, donors, United Nations agencies, and national and international NGOs such as the Young Men's Christian Association, the National Council of Women and Save the Children.

Objectives and strategies

18. The framework for preparing the new country programme consists of: (a) the stipulations of the Convention on the Rights of the Child; (b) new national health and education plans, each with a set of realistic goals and strategies; (c) the re-establishment of the National Planning Office; (d) the United Nations Country Strategy Note; and (e) substantial funds provided by the Australian Agency for International Development (AusAID) for the health and education sectors for the period of the proposed country programme. The overall policy context is the country's new local government structure and planning mechanisms established by the recent Organic Law on decentralization which mandates bottom-up planning and budgeting.

19. The overall programme objective for UNICEF will be to support the country's commitment to the realization of child rights. In this context, Papua New Guinea has developed goals for the end of the decade which include immunization coverage of 70 per cent; the eradication of polio; the immunization of 80 per cent of pregnant mothers against tetanus; the reduction of maternal and infant mortality by 25 and 50 per cent, respectively; the reduction of malnutrition to 23 per cent and the elimination of iodine deficiency disorders; and universal primary education by the year 2004.

20. Papua New Guinea-UNICEF cooperation objectives seek to (a) increase public awareness of and political support for child health and education rights and goals through advocacy and social mobilization; (b) work efficiently with donors, other United Nations agencies and the provincial and district health

boards and local government councils to develop child- and mother-centred policies and programmes; and (c) use an area-based approach to establish a knowledge base related to children's and women's rights through studies, evaluations and district-level inputs; disseminate best programming practices for mothers and children; and demonstrate sustainable, working approaches for building the capacity of local government councils and community organizations.

21. These objectives will be pursued in appropriate combinations at national, provincial and district levels. Information and advocacy efforts will be directed to a nation-wide audience, in addition to communications inputs in support of subnational activities. New approaches and best practices will be developed in the following three areas: (a) community-based nutrition, with a closely linked early childhood development (ECD) component; (b) an MCH package; and (c) community support for schools through strengthening local management boards.

Communications, advocacy and social mobilization

22. This programme will create a greater awareness of the rights of children and influence policy and action for children in all sectors at all levels. The programme will be comprised of four projects: promotion of the Convention on the Rights of the Child; gender and development; programme communication support; and policy and programme development. The projects will be implemented at the national level and in the two selected provinces of Milne Bay and Madang with the support of politicians, policy makers, women's groups and churches.

23. Given the generally low status of girls and women in the country, the protection of their rights and well-being, as well as the incorporation and translation of the stipulations of the Convention into legislation, programmes and other measures, will serve as priority themes for advocacy, in close coordination with NGOs and other donors such as Save the Children.

24. Both modern and traditional channels of communication will be used to reach all who need to act in implementing the Convention. The high impact of oral and performance communication in Papua New Guinea will be considered in message development and in the choice of appropriate communication channels. Continuing capacity-building activities, such as the development of self-learning guides, will be employed for teachers and health promoters, communication groups and community mobilizers. Existing schools and health centres will be strengthened to serve as health information centres for community media and learning centres for families and communities.

25. Under the policy and programme development project, a priority will be to improve the process of data collection and analysis and the strategic use of information on child rights issues. The identification of data gaps and appropriate sources of information will facilitate the preparation of the country report to the Committee on the Rights of the Child. Learning modules for orientation and briefing sessions on the Convention will be developed. These will highlight the basic principles of the Convention and its programmatic and practical implications. Initiatives to integrate the Convention into the curriculum of various disciplines will be explored in partnership with lawyers' groups and academic institutions.

26. The programme will continue to expand the network of advocates for child rights. ISMG will be strengthened further at provincial, district and local levels and will play an increasing role in providing information and education about HIV/AIDS. The strategic use of information will help to promote linkages and multisectoral collaboration among key groups working for children.

Local capacity development for child survival and development

27. In support of the new national plans and reforms in health and education, UNICEF will collaborate with partners in the same two provinces of Milne Bay and Madang to develop and demonstrate workable and sustainable mechanisms for the coordination of government and non-government parties, mother-baby packages and community-based child nutrition activities. These will serve as examples of best programme practices for mothers and children. As supplementary funds become available, the programme will be expanded to three other provinces. At the district level, UNICEF will support the development of new nutrition and ECD interventions involving communities, churches, NGOs and the National Council of Women. In collaboration with AusAID and the World Health Organization (WHO), UNICEF will also help to develop the capacity of district health and education departments, church health services and women's and other civic groups to implement a multisectoral approach to health promotion. This will include community-based approaches to increase the sustainability of formal health service delivery, including immunization. Information, skills and resources for community, youth and church leaders will enable them to develop and manage local efforts to improve health and nutrition conditions.

28. Provincial planning workshops organized early in the programme cycle will assess data availability and needs, and will prepare provincial situation analyses. Baseline data will be established for maternal health, nutrition status and education levels and literacy in target districts and local government areas to be identified at this stage. Community and church organizations will be involved from the outset. The next steps will include studies for improvement of baseline data and for advocacy purposes; the identification of interventions and project plans of action; and the development of mobilization, training and related materials.

29. Increased coverage of ECD will be supported through the promotion of more systematic policies and programmes and the development of networks of youth organizations, NGOs and community day-care providers. ECD activities will be closely linked with village-level growth monitoring and promotion activities. The education strategy will promote government and NGO adult literacy programmes, especially for women, on life skills, health promotion, the prevention of domestic violence and other ways to improve the status of women. The quality and relevance of elementary and primary education will be enhanced through the enrichment of school curricula, multigrade teaching and school clusters. Modules related to Facts for Life, conflict resolution, life skills, HIV/AIDS and nutrition will be incorporated into the national curriculum at all levels. Developing the capacity of school Boards of Management will improve school efficiency and mobilize community support for education.

30. The water and sanitation project, for which supplementary funding will be sought, aims to improve access to safe water and increase sanitation coverage in the selected areas. It will strive to increase knowledge and promote changes in community behaviour and sanitary practices. It will also complement education and literacy efforts by involving schools and literacy classes in hygiene education and the dissemination of best practices.

Cooperation with other agencies

31. Many of the initiatives presently advocated or assisted by UNICEF will soon be expanded significantly as a result of increased donor assistance. AusAID will provide (a) support for MCH training; (b) supplies for most of the formal health system as well as for infrastructure development in selected provinces; (c) support for the planning, organization and management of health care systems; and (d) funds for service delivery, including immunization. In

education, AusAID will support infrastructure development and equipment, the strengthening of management and planning, and teacher training.

32. Donor funds are also available for birth spacing through the United Nations Population Fund (UNFPA). UNICEF will complement WHO, UNFPA and Australian assistance by supporting family nutrition policy and the development of MCH and community-based nutrition in selected provinces, and building local planning and monitoring capacity. UNICEF will continue to participate actively in the Joint United Nations Programme on HIV/AIDS theme group to ensure the provision of HIV/AIDS education and information to high-risk groups.

Programme management

33. The Government's National Planning Office will be responsible for coordination and monitoring of programme implementation, convening quarterly reviews of implementation status and an annual review. The provincial and district planning and budget priority committees will coordinate project implementation.

34. Appropriate progress and impact indicators will be developed during the planning phase in the selected provinces. An MTR will be conducted in 2000 to examine results and the status of the decade goals and recommend appropriate programme modifications. Periodic studies and evaluations will be undertaken for advocacy and policy development. All projects will have a review at the end of their cycle to assess achievement of objectives and impact.

35. Resource limitations pose a constraint, as the country programme is sharpening its focus to provincial and local levels. To meet the challenge, the office will seek several experienced United Nations volunteers for outposting under the supervision of UNICEF staff with strong health and education qualifications. The country office will also continue to draw on the provision of technical expertise from the regional office and support from the Manila office and the Regional Management Team. Extensive staff travel will help to ensure adequate monitoring and support to programme implementation.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : PAPUA NEW GUINEA
PROGRAMME : 1998-2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
SOCIAL MOBILIZATION	1,455,000			1,455,000	0	0	0	0	0	0	0	2	1	3	248,120	560,563	808,683
CAPACITY DEVELOPMENT	2,670,000			2,670,000	0	0	0	1	0	0	1	0	0	1	831,601	0	831,601
CROSS-SECTORAL COSTS	125,000			125,000	0	0	0	0	0	0	0	0	1	1	0	72,017	72,017
TOTAL GR	4,250,000			4,250,000	0	0	0	1	0	0	1	2	2	5	1,079,721	632,580	1,712,301
SUPPLEMENTARY FUNDING :																	
SOCIAL MOBILIZATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAPACITY DEVELOPMENT		0	4,000,000	4,000,000	0	0	0	0	0	0	0	0	1	1	0	122,510	122,510
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	4,000,000	4,000,000	0	0	0	0	0	0	0	0	1	1	0	122,510	122,510
TOTAL GR & SF	4,250,000	0	4,000,000	8,250,000	0	0	0	1	0	0	1	2	3	6	1,079,721	755,090	1,834,811
SUPPORT BUDGET			Operating costs	1,114,140													
			Staffing		0	0	1	0	1	0	2	0	6	8	1,683,884	592,790	2,276,674
GRAND TOTAL (GR + SF + SB)					0	0	1	1	1	0	3	2	9	14	2,763,605	1,347,880	4,111,485
Number of posts and staff costs:																	
Current programme cycle											4	1	8	13			
At the end of proposed programme cycle (indicative only)											3	2	9	14	2,763,605	1,347,880	4,111,485

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.